

PLEASE RETURN THIS FORM TO:

HB CAPITAL PARTNERS
 c/o PT HB Capital Indonesia
 Graha Sentana
 Jl. Irian No.16-18
 Jakarta 10350
 Indonesia
 Tel: (62-21) 3928956; Fax: (62-21) 3928958

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

(1) - NAME(S) FOR REGISTRATION

Title	Name and Surname	Date of Birth (Day/Month/Year)	Passport/ID No.
1.			
2.			
3.			
4.			
Registered Name (Corporate):			
Contact Person(s):			

Please tick if you are an existing Shareholder of Komodo Fund and provide your Holder Account No.: _____

(2) - SUBSCRIPTION DETAILS

Class A Shares - The minimum initial investment is US\$100,000 and minimum subsequent subscription for existing shareholders is US\$50,000.
Class S Shares - The minimum initial investment is US\$15 million and minimum subsequent subscription for existing shareholders is US\$1 million.
Class I Shares - The minimum initial investment is US\$5 million and minimum subsequent subscription for existing shareholders is US\$500,000.

Name of Fund:

Komodo Fund

USD

– Payment Method T/T

The following bank details are for telegraphic transfer payment.

I/We confirm that payment of the above has been made for value date _____ (Please attach proof of remittance)

Currency	Transfer details
USD	Pay to: Bankers Trust New York (BTRUS33) Favouring: Deutsche Bank Jakarta (DEUTIDJA) Account Number: 04411296 Further credit to Komodo Fund Account Number 0086058-050

N.B.:

1. HB Capital Partners will not accept payment by bank draft or cheque in any currency.
2. Subscription will be only processed upon receipt of cleared funds and bank charges (if any) will be for the account of the remitter and not HB Capital Partners or Komodo Fund.

(3) - SIGNATURES AND DATE

I/We acknowledge that I/we have received, read and understood the latest Financial Reports, Offering Memorandum and Terms and Conditions of the Master Account Opening Form and undertake to be bound by them for the initial and subsequent transactions involving Komodo Fund. I am/We are over 18 years of age. I/We acknowledge that instructions may be given by either of us singly. ALL JOINT APPLICANTS MUST SIGN THIS FORM.

 1st Applicant's Signature Date 2nd Applicant's Signature Date

 3rd Applicant's Signature Date 4th Applicant's Signature Date

Financial Advisor's Seal

 Date of Receipt